

Fill in this information to identify the case:

Debtor D&S Enterprises, Inc.

United States Bankruptcy Court for the: Eastern District of PA
(State)

Case number 4:23-bk-13318-pmm
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

2021 Ford F550

P.O. Box 542000

Omaha, NE 68154-8000

Date or dates debt was incurred

6/2022

Last 4 digits of account number 2672

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Loan

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$ 39,547.35

Priority amount

\$ 39,547.35

2.2 Priority creditor's name and mailing address

2018 Caterpillar Track Loader

P.O. Box 138 34

Newark, NJ 07188-3834

Date or dates debt was incurred

9/2023

Last 4 digits of account number 5943

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Loan

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$ 20,000.00

\$ 20,000.00

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Part 1.

Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount	
2.	<div>Priority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div></div></div> <div><div>Last 4 digits of account number</div><div></div></div> <div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div> <div><div>Basis for the claim:</div><div></div></div> <div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No <input type="checkbox"/> Yes</div></div>	<div>\$</div> <div></div>	<div>\$</div> <div></div>
2.	<div>Priority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div></div></div> <div><div>Last 4 digits of account number</div><div></div></div> <div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div> <div><div>Basis for the claim:</div><div></div></div> <div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No <input type="checkbox"/> Yes</div></div>	<div>\$</div> <div></div>	<div>\$</div> <div></div>
2.	<div>Priority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div></div></div> <div><div>Last 4 digits of account number</div><div></div></div> <div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div> <div><div>Basis for the claim:</div><div></div></div> <div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No <input type="checkbox"/> Yes</div></div>	<div>\$</div> <div></div>	<div>\$</div> <div></div>
2.	<div>Priority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div></div></div> <div><div>Last 4 digits of account number</div><div></div></div> <div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div> <div><div>Basis for the claim:</div><div></div></div> <div><div>Is the claim subject to offset?</div><div><input type="checkbox"/> No <input type="checkbox"/> Yes</div></div>	<div>\$</div> <div></div>	<div>\$</div> <div></div>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p>Met-Ed</p> <p>P.O. Box 3687</p> <p>Akron, OH 44309</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 42,000.00</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Utility</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p>US Foods</p> <p>1200 Hoover Ave</p> <p>Allentown PA 18109</p> <p>Date or dates debt was incurred 7/2021</p> <p>Last 4 digits of account number 6762</p>	<p>As of the petition filing date, the claim is: \$ 1,172.09</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address</p> <p>PDK Subscription Services</p> <p>3170 East Prospect Road</p> <p>York, PA 17402</p> <p>Date or dates debt was incurred 6/2021</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 1,843.00</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Professional Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address</p> <p>Aramark</p> <p>2680 Palumbo Drive</p> <p>Lexington, KY 40509</p> <p>Date or dates debt was incurred 7/2023</p> <p>Last 4 digits of account number 1106</p>	<p>As of the petition filing date, the claim is: \$ 895.70</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Services</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.5	<p>Nonpriority creditor's name and mailing address</p> <p>Erie Insurance</p> <p>c/o Crosskeys Insurance</p> <p>303 State Street</p> <p>Hamburg, PA 19526</p> <p>Date or dates debt was incurred 5/2023</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 4,500.00</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Insurance</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address</p> <p>Intuit QuickBooks</p> <p>2632 Marine Way</p> <p>Mountain View, CA 94043</p> <p>Date or dates debt was incurred 5/2023</p> <p>Last 4 digits of account number 0988</p>	<p>As of the petition filing date, the claim is: \$ 16,025.00</p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Bank Loan</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<div>3. <input type="checkbox"/></div> <div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div><div><input type="checkbox"/> Liquidated and neither contingent nor disputed</div></div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$</div>
<div>3. <input type="checkbox"/></div> <div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$</div>
<div>3. <input type="checkbox"/></div> <div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$</div>
<div>3. <input type="checkbox"/></div> <div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$</div>
<div>3. <input type="checkbox"/></div> <div>Nonpriority creditor's name and mailing address</div> <div><div></div><div></div><div></div></div> <div><div>Date or dates debt was incurred</div><div>Last 4 digits of account number</div></div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>\$</div>

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 59,547.35
5b. Total claims from Part 2	5b. +	\$ 66,435.79
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 125,983.14